

FEC
FORM 3

REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
FEC MAIL CENTER

Office Use Only

2016 AUG 10 AM 11:50

12FE4M5

RECEIVED
FEC MAIL CENTER
2016 OCT 19 AM 11:52

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

TAGER FOR CONGRESS

ADDRESS (number and street)

126133 US 19 N

Check if different
than previously
reported. (ACC)

CLEARWATER

FL

33763

CITY ▲

STATE ▲

ZIP CODE ▲

FEC IDENTIFICATION NUMBER ▼

000616920

3. IS THIS
REPORT

☐

NEW
(N)

OR

☒

AMENDED
(A)

STATE ▼ DISTRICT

FL

112

TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

08 30 2016

in the
State of

FL

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

08 30 2016

in the
State of

FL

5. Covering Period

07 01 2016

through


08 10 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DAVID HAZI

Signature of Treasurer



Date

08 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

TAGER FOR CONGRESS

Report Covering the Period:

From:

07/07/2016

To:

08/10/2016

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

1460

1760

(b) Total Contribution Refunds
(from Line 20(d))

0

0

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

(b) Total Offsets to Operating
Expenditures (from Line 14)

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

Cash on Hand at Close of
Reporting Period (from Line 27)

9. Debts and Obligations Owed TO
the Committee (itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY
the Committee (itemize all on
Schedule C and/or Schedule D)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

TAGER FOR CONGRESS

Report Covering the Period:

From:

07/01/2006

To:

08/10/2006

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....
(ii) Unitemized.....
(iii) TOTAL of contributions from individuals.....
(b) Political Party Committees.....
(c) Other Political Committees (such as PACs).....
(d) The Candidate.....
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

1,460
1,460

1,760
1,760

TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

LOANS:

- (a) Made or Guaranteed by the Candidate.....
(b) All Other Loans.....
(c) TOTAL LOANS (add Lines 13(a) and (b)).....

6,000.00
6,000.00

24,000.00
24,000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

7,460

25,760

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	6,782.73	17,940.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS.....	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	6,782.73	17,940.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7,141.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7,460.00
25. SUBTOTAL (add Line 23 and Line 24).....	14,601.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6,782.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7,818.27

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 8	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TAGER for Congress

Full Name (Last, First, Middle Initial) A. Joann Pitlor		Date of Receipt 07.08.2016
Mailing Address 8 Hopkinton Court		Amount of Each Receipt this Period 18-
City Malden	State Zip Code MA 02148	
FEC ID number of contributing federal political committee. C000616920		<input type="checkbox"/> Memo Item
Name of Employer —	Occupation Housewife	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 10.18.00	

Full Name (Last, First, Middle Initial) Beverly Ledbetter		Date of Receipt 07.11.2016
Mailing Address 12233 Victor Lane		Amount of Each Receipt this Period 50-
City Orlando	State Zip Code FL 32825	
FEC ID number of contributing federal political committee. C000616920		<input type="checkbox"/> Memo Item
Name of Employer Retired	Occupation —	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) C. Michael Weinert		Date of Receipt 07.11.2016
Mailing Address 3667 O'Hare Dr		Amount of Each Receipt this Period 40-
City N. P. R.	State Zip Code FL 32665	
FEC ID number of contributing federal political committee. C000616920		<input type="checkbox"/> Memo Item
Name of Employer Assured Quality Real Estate Services	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 40.00	

SUBTOTAL of Receipts This Page (optional)	108.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 8

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Tager For Congress

Full Name (Last, First, Middle Initial)

A. *Arnaldo Hernandez*

Mailing Address

7824 Embassy Blvd

City

Port Richey

State

FL

Zip Code

34668

2 FEC ID number of contributing
federal political committee.

C000616920

6 Name of Employer

Retired

Occupation

1 Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500

Date of Receipt

07/23/2016

Amount of Each Receipt this Period

2500

Memo Item

9 Full Name (Last, First, Middle Initial)

Elly Poff

Mailing Address

39249 Nile Drive

City

New Port Richey

State

FL

Zip Code

34665

10 FEC ID number of contributing
federal political committee.

C000616920

5 Name of Employer

ELI Produce

Occupation

Self Employed

7 Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500

Date of Receipt

07/23/2016

Amount of Each Receipt this Period

2500

Memo Item

Full Name (Last, First, Middle Initial)

C. *Dons Rosen*

Mailing Address

8851 Greenleaf Ct

City

Port Richey

State

FL

Zip Code

34668

FEC ID number of contributing
federal political committee.

C000616920

Name of Employer

Retired

Occupation

Life Insurance Sales

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500

Date of Receipt

07/23/2016

Amount of Each Receipt this Period

2500

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

7500

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 8

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Tager for Congress

Full Name (Last, First, Middle Initial)

Ann Dwyer

Mailing Address

4457 Dewey DR

City

N.P.R.

State

FL

Zip Code

34652

FEC ID number of contributing
federal political committee.

C000616920

Name of Employer

Retired

Occupation

-

Receipt For:

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000

Date of Receipt

10-7-11-2016

Amount of Each Receipt this Period

20.00

☐ Memo Item

Deposited late

Full Name (Last, First, Middle Initial)

Paul Stanton

Mailing Address

3510 Allendale DR

City

Holiday

State

FL

Zip Code

34691

FEC ID number of contributing
federal political committee.

C000616920

Name of Employer

Retired

Occupation

-

Receipt For:

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500

Date of Receipt

10-7-11-2016

Amount of Each Receipt this Period

5.00

☐ Memo Item

Deposited late

Full Name (Last, First, Middle Initial)

Judy North

Mailing Address

2902 Plantation DR

City

Holiday

State

FL

Zip Code

34691

FEC ID number of contributing
federal political committee.

C000616920

Name of Employer

Retired

Occupation

Retired

Receipt For:

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500

Date of Receipt

10-7-11-2016

Amount of Each Receipt this Period

5.00

☐ Memo Item

Deposited late

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

30.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 4 OF 8									
	<table><tr><td><input type="checkbox"/> 11a</td><td><input type="checkbox"/> 11b</td><td><input type="checkbox"/> 11c</td><td><input type="checkbox"/> 11d</td><td><input type="checkbox"/> 15</td></tr><tr><td><input type="checkbox"/> 12</td><td><input type="checkbox"/> 13a</td><td><input type="checkbox"/> 13b</td><td><input type="checkbox"/> 14</td><td></td></tr></table>	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15							
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14								

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NAME OF COMMITTEE (In Full)
TAGED for Congress

Full Name (Last, First, Middle Initial)
Donna Hall
Mailing Address
3835 chaffee dr
City
NPR State
FL Zip Code
34652

Date of Receipt
07/11/2016

FEC ID number of contributing federal political committee.
C000616920
Name of Employer
Retd Occupation
Retd
Receipt For:
☒ Primary ☐ General
☐ Other (specify) ☐ Election Cycle-to-Date
2500

Amount of Each Receipt this Period
25 -
☐ Memo Item
deposited late

~~Full Name (Last, First, Middle Initial)
Melissa Duff
Mailing Address
9249 Nile Drive
City
NPR State
FL Zip Code
34655
FEC ID number of contributing federal political committee.
C
Name of Employer
Salt Emplyd Occupation
Salt Emplyd
Receipt For:
☒ Primary ☐ General
☐ Other (specify) ☐ Election Cycle-to-Date~~

~~Date of Receipt
07/11/2016
Amount of Each Receipt this Period
25 -
☐ Memo Item
deposited late~~

Full Name (Last, First, Middle Initial)
Geoff Rooley
Mailing Address
7405 Lake Mageline Dr
City
N.P.R. State
FL Zip Code
34653
FEC ID number of contributing federal political committee.
C000616920
Name of Employer
Retired Occupation
Retired
Receipt For:
☒ Primary ☐ General
☐ Other (specify) ☐ Election Cycle-to-Date
2500

Date of Receipt
07/11/2016
Amount of Each Receipt this Period
25 -
☐ Memo Item
deposited late

SUBTOTAL of Receipts This Page (optional) *50 -*
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 8	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tagu for Congress

Full Name (Last, First, Middle Initial)
Waldron, Carl

Mailing Address
33221 Dorby, FL

City
Dade City State
FL Zip Code
33525

FEC ID number of contributing federal political committee.
C000616920

Name of Employer
Refud Occupation
-

Receipt For:
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date
500

Date of Receipt
07/11/2016

Amount of Each Receipt this Period
5.00

☐ Memo Item
Deposited late

Full Name (Last, First, Middle Initial)
Gay, Alequa

Mailing Address
8243 Baytree DR

City
N PR State
PR Zip Code
34653

FEC ID number of contributing federal political committee.
C000616920

Name of Employer
Refud Occupation
-

Receipt For:
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date
500

Date of Receipt
07/11/2016

Amount of Each Receipt this Period
5.00

☐ Memo Item
Deposited late

Full Name (Last, First, Middle Initial)
Joseline Hernandez, Josephine

Mailing Address
7821 Embury, PR

City
Port Richey State
FL Zip Code
34668

FEC ID number of contributing federal political committee.
C

Name of Employer
Refud Occupation
-

Receipt For:
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date
-

Date of Receipt
07/11/2016

Amount of Each Receipt this Period
25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) *10.00*

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **6** OF **8**

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Tagg For Congress

Full Name (Last, First, Middle Initial)

A. *Mitchell Hammer, Mitchell*

Mailing Address

3218 Town Avenue

City

NPR

State

FL

Zip Code

34655

Date of Receipt

07/17/2016

Amount of Each Receipt this Period

36.00

☐ Memo Item

Name of Employer

retired

Occupation

—

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3600

Full Name (Last, First, Middle Initial)

Mullins, Karen

Mailing Address

678 Oakwood DR

City

Dunedin

State

FL

Zip Code

34698

Date of Receipt

07/21/2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

Name of Employer

unemployed

Occupation

Bus Driver

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500

Full Name (Last, First, Middle Initial)

C. *Jones, Alan*

Mailing Address

22516 Shirley LN

City

Land o lakes

State

FL

Zip Code

34634

Date of Receipt

07/30/2016

Amount of Each Receipt this Period

18.00

☐ Memo Item

Name of Employer

retired

Occupation

—

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

79.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 9

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

TAGER for congress

Full Name (Last, First, Middle Initial)

Spears, Diana

Mailing Address

10725 Point Overlook Rd

City

Clemat, FL

State

FL

Zip Code

34716

2 FEC ID number of contributing federal political committee.

C

Name of Employer

IBM

Occupation

-

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

-

Date of Receipt

07/30/2016

Amount of Each Receipt this Period

36 -

☐ Memo Item

Full Name (Last, First, Middle Initial)

Pearce, William

Mailing Address

4941 17th street

City

2094 hills

State

FL

Zip Code

33542

2 FEC ID number of contributing federal political committee.

C

Name of Employer

retired

Occupation

-

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

-

Date of Receipt

07/28/2016

Amount of Each Receipt this Period

36 -

☐ Memo Item

Full Name (Last, First, Middle Initial)

Tager, Joanne Tye

Mailing Address

8 hokieran ct

City

Marlboro

State

N.J.

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

not employed

Occupation

-

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

-

Date of Receipt

07/26/2016

Amount of Each Receipt this Period

1,000 -

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1072 -

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 8
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Tayer for Congress

A. Full Name (Last, First, Middle Initial)
Mullaly, Stacy
Mailing Address
PSC 303 Box 30
City APO State Zip Code 92604
FEC ID number of contributing federal political committee. C000616920
Name of Employer Not Employed Occupation Housewife
Receipt For: ☒ Primary ☐ General ☐ Other (specify) ☐
Election Cycle-to-Date
, , 36.00
Date of Receipt
M M . D D / Y Y Y Y
05 03 2016
Amount of Each Receipt this Period
, , 36.00
Memo Item

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐
Election Cycle-to-Date
, , .
Date of Receipt
M M . D D / Y Y Y Y
Amount of Each Receipt this Period
Memo Item

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐
Election Cycle-to-Date
, , .
Date of Receipt
M M . D D / Y Y Y Y
Amount of Each Receipt this Period
Memo Item

SUBTOTAL of Receipts This Page (optional) , , 36.00
TOTAL This Period (last page this line number only) , , 1,460.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF		
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TAGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sonic Print		Date of Disbursement 07/07/2016	
Mailing Address 5018 Tampa West Blvd		Amount of Each Disbursement this Period 426.93	
City Tampa	State FL		Zip Code 33634
Purpose of Disbursement Signs Stickers Brochures & cards	Category/Type		
Candidate Name Robert Tager	Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 12			

Full Name (Last, First, Middle Initial) Add In Solutions		Date of Disbursement 07/13/2016	
Mailing Address 1290 NW 89 Ave		Amount of Each Disbursement this Period 2500.00	
City Card Springs	State FL		Zip Code 33071
Purpose of Disbursement Water Data	Category/Type		
Candidate Name Robert Tager	Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Sonic Print		Date of Disbursement 07/13/2016	
Mailing Address 5018 Tampa West Blvd		Amount of Each Disbursement this Period 166.65	
City Tampa	State FL		Zip Code 33634
Purpose of Disbursement Cards	Category/Type		
Candidate Name Robert Tager	Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	30935.8
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

PAGE 2 OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
TAGER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Campaign Associates		Date of Disbursement 07/15/2016
Mailing Address		
City	State	Zip Code
Purpose of Disbursement Brochures capus material	Category/ Type	Amount of Each Disbursement this Period 950.25
Candidate Name Robert Tager		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) Warty Game		Date of Disbursement 07/19/2016
Mailing Address		
City	State	Zip Code
Purpose of Disbursement Web advertes	Category/ Type	Amount of Each Disbursement this Period 1,200.00
Candidate Name Robert Tager		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Good Guy Signs		Date of Disbursement 07/22/2016
Mailing Address		
City	State	Zip Code
Purpose of Disbursement Shirts	Category/ Type	Amount of Each Disbursement this Period 381.99
Candidate Name Robert Tager		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	2532.24
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 3 OF	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Hummig bird Consult</u>		Date of Disbursement <u>08/02/2016</u>
Mailing Address		
City	State	Zip Code
Purpose of Disbursement <u>Consult on campaign</u>		Amount of Each Disbursement this Period <u>4.25</u>
Candidate Name <u>Robert Taylor</u>	Category/ Type	Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>FL</u> District: <u>12</u>		

Full Name (Last, First, Middle Initial) <u>Hullchey security of electors</u>		Date of Disbursement <u>08/08/2016</u>
Mailing Address <u>601 E Kennedy Blvd</u>		
City	State	Zip Code
Purpose of Disbursement <u>Deputy Mgr</u>		Amount of Each Disbursement this Period <u>20</u>
Candidate Name <u>Robert Taylor</u>	Category/ Type	Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>FL</u> District: <u>12</u>		

Full Name (Last, First, Middle Initial) c. <u>Sonic Printing</u>		Date of Disbursement <u>08/09/2016</u>
Mailing Address <u>5018 TAMPA W</u>		
City	State	Zip Code
Purpose of Disbursement <u>S. JNS</u>		Amount of Each Disbursement this Period <u>229.94</u>
Candidate Name <u>Robert Taylor</u>	Category/ Type	Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>FL</u> District: <u>12</u>		

SUBTOTAL of Disbursements This Page (optional)	<u>674.94</u>
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

Full Name (Last, First, Middle Initial) A. <u>Kathrine Kosper</u>		Date of Disbursement <u>07/20/2016</u>
Mailing Address		Amount of Each Disbursement this Period <u>100 -</u> Memo Item
City	State Zip Code	
Purpose of Disbursement <u>100% ready</u>	Category/ Type	
Candidate Name <u>Robert Taylor</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <u>Good Guy Signs</u>		Date of Disbursement <u>08/01/2016</u>
Mailing Address <u>1032 E Hillsborough AVE</u>		Amount of Each Disbursement this Period <u>231.97</u> Memo Item
City	State Zip Code	
Purpose of Disbursement <u>Signs, Adverts, Material</u>	Category/ Type	
Candidate Name <u>Robert Taylor</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. <u>Perseus Marketing</u>		Date of Disbursement <u>08/02/2016</u>
Mailing Address		Amount of Each Disbursement this Period <u>150 -</u> Memo Item
City	State Zip Code	
Purpose of Disbursement <u>Printed Material</u>	Category/ Type	
Candidate Name <u>Robert Taylor</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<u>481.97</u>
TOTAL This Period (last page this line number only)	<u>6782.23</u>

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER:
(check only one) ☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
TAGER FOR CONGRES

LOAN SOURCE Full Name (Last, First, Middle Initial)

TAGER Robert M

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

26133 US 19

City

State

ZIP Code

Clearwater FL 33763

Personal Funds

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

600000

0

600000

TERMS Date Incurred Date Due Interest Rate Secured:

08/04/2016 12/31/2018 0.00% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER:
(check only one) ☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

TAGER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

TAGER, Robert M.

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

26133 US hwy 19N Suite 202

City

State

ZIP Code

Clearwater

FL

33763

Original Amount of Loan

Cumulative Payment to Date

Balance Outstanding at Close of This Period

18,000-

18,000-

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05 13 2016 12 31 2018

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (of Total)

18,000-

TOTALS This Period (last page in this and only)

28,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2016-10-10 10:00:00

PRESS FIRMLY TO SEAL

PRIORITY MAIL[®] PRESS[™]

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INTERNATIONALLY,
A POSTAGE DECLARATION
FORM MAY BE REQUIRED.



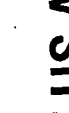
Y 2013 OD: 12.5 x 9.5



0001000006

VISIT US AT USPS.COM

UNITED STATES



PRESS FIRMLY TO SEAL

1007

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (

TANGER FOR CONGRESS
26133 US HWY 19 N
Clearwater FL 33763

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED (Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD services; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mailbox or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE (

Federal Election Commission
999 E Street NW
Washington DC

ZIP + 4 (U.S. ADDRESSES ONLY)

20463

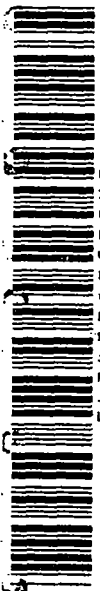
For pickup or USPS Tracking[™], visit USPS.com or call 800-222-1811.
\$100.00 Insurance Included.

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

ATIONAL USE



PRIORITY
MAIL[®]
EXPRESS[™]



EL343380595US

ORIGIN (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day PO ZIP Code 211590	<input type="checkbox"/> 2-Day Scheduled Delivery Date (MM/DD/YYYY) 10/19/16
Date Accepted (MM/DD/YYYY) 10/18/16	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:30 PM <input type="checkbox"/> 12 NOON
Time Accepted 12:24 PM	10:30 AM Delivery Fee \$
Weight 4 lbs. 11 ozs.	Sunday/Holiday Premium Fee \$
Flat Rate \$	Acceptance Employee Initials Me
Postage \$ 22.95	Insurance Fee \$
COD Fee \$	Live Animal Transportation Fee \$
Return Receipt Fee \$	Total Postage & Fees \$ 22.95

DELIVERY (POSTAL SERVICE USE ONLY)	
Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9998 3-ADDRESSEE COPY

U.S. POSTAGE
PAID
HOLIDAY, FL
34680
OCT 18, 16
AMOUNT
\$22.95
R2304E106192-40

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt

☐ Hand Delivered

Postmarked

Date of Receipt

☐ USPS First Class Mail

Postmarked (R/C)

☐ USPS Registered/Certified

Postmarked

☐ USPS Priority Mail

Postmarked

☒ USPS Priority Mail Express

10/18/16

☐ Postmark Illegible

☐ No Postmark

Shipping Date

☐ Overnight Delivery Service (Specify):

Next Business Day Delivery

☐

Date of Receipt

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt or Postmarked

☐ Other (Specify):

PREPARER

DATE PREPARED

(3/2015)

10/19/16